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August 30, 2013

Dear Healthcare Provider:

Re: **SUMMER 2013 IMMUNIZATION UPDATE**

The following immunization-related topics are included in the Summer 2013 Immunization Update:

- 2013 – 14 Seasonal Influenza Recommendations
- PCV 13 Recommendations for Persons 6 through 18 Years
- New MMR Recommendations
- Healthcare Personnel Vaccine Recommendations
- Reporting Requirements
- Vaccine Error Reporting Program
- FDA Approval for Expanded Use of Menveo
- New Vaccine Information Statements

### **2013– 14 Seasonal Influenza Recommendations**

The Advisory Committee on Immunization Practices (ACIP) recently released a summary of its recommendations for the 2013 – 14 influenza season. As in previous years, ACIP recommends universal influenza (flu) vaccination for all persons aged 6 months and older.

### **Primary Changes and Updates to the Previous Recommendations**

The 2013 – 14 influenza vaccine recommendations are consistent with recommendations from the previous season with the exception of the following changes:

- **2013 – 14 Influenza Vaccine Strains**

The 2013-14 U.S. influenza vaccines will be supplied in both a trivalent and quadrivalent formulation. The trivalent influenza vaccines will contain an A/California/7/2009 (H1N1)-like virus, an H3N2 virus - A/Victoria/361/2011, and a B/Massachusetts/2/2012-like virus. Quadrivalent vaccines will include an additional type B strain designated as B/Brisbane/60/2008-like virus.

- **New Vaccine Products**

Two new vaccines were recently licensed and will be available for the 2013-14 season: a cell culture-based inactivated influenza vaccine, Flucelvax, also designated cclV3, and a recombinant hemagglutinin inactivated influenza vaccine FluBlok, also designated RIV3, will be available this year. These vaccines are acceptable alternatives to the other licensed inactivated influenza vaccines that are licensed for persons 18 years and older (cclV3) and persons 18 through 49 years of age (RIV3).

Please note that these are both trivalent vaccines. A complete list of the 2013 – 14 influenza vaccines and their age indications can be found at

<http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm>.

- **Recommendations for Vaccinating Children 6 Months through 8 Years of Age**  
ACIP continues to recommend that children aged 6 months through 8 years receive at least 2 doses of an H1N1-containing vaccine during their childhood years to ensure immunity against this strain of influenza. The 2012 – 13 influenza vaccines contained the H1N1 virus strain and therefore can be considered as a prior dose when assessing a child's immunization status. However, children in this age group who have never received an influenza vaccine should receive 2 doses of influenza vaccine during the 2013 – 14 season.
- The CDC has developed an influenza dosing algorithm to assist providers in determining the number of doses recommended this season. The algorithm can be found at <http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#figure1>.
- **New Vaccine Recommendation for Persons with Severe Egg Allergy**  
Persons age 18 through 49 years who experience anaphylaxis or other manifestations of a severe allergic reaction after eating eggs or egg-containing products are recommended to be vaccinated with the new RIV3 flu vaccine (discussed above) as that is the only available influenza vaccine that contains no residual egg products. Persons who only experience hives after eating eggs or egg-containing products can receive one of the other trivalent or quadrivalent inactivated influenza vaccine products discussed in the second paragraph of this update, but should be observed for at least 30 minutes after vaccination.

A summary of the 2013 – 14 influenza recommendations can be found on the CDC website at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm>. Additional resources and educational materials are also available on the following websites:

- EZIZ – <http://eziz.org/resources/flu-promo-materials/>
- Immunization Action Coalition - <http://www.immunize.org/influenza/>
- CDC - <http://www.cdc.gov/flu/index.htm>

## **NEW IMMUNIZATION RECOMMENDATIONS AND UPDATES**

### **Pneumococcal Conjugate Vaccine (PCV13) Recommendations for Persons 6 through 18 Years of Age**

In June 2013, ACIP released recommendations for the use of PCV13 in children and adolescents 6 through 18 years of age with immunocompromising conditions, functional and anatomical asplenia (including sickle cell disease), HIV infection, cerebrospinal fluid (CSF) leaks, or cochlear implants, who have not previously received PCV13. PCV13 should be administered to these children regardless of whether they previously received PCV7 or 23-valent pneumococcal polysaccharide (PPSV23). ACIP recommends that high-risk children who meet this criteria receive a single dose of PCV13 followed by a dose of PPSV23 at least 8 weeks later. A second dose of PPSV is recommended for children with certain high-risk conditions. Details of the new recommendation as well as other PCV13 and PPSV23 recommendations can be viewed on the CDC website at <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html>.

### **New ACIP Recommendations for Measles, Mumps, and Rubella (MMR)**

New ACIP recommendations for the prevention of measles, congenital rubella, rubella, and mumps were recently published in the June 14, 2013 issue of the Morbidity and Mortality Weekly Report. These changes are:

- Inclusion of laboratory confirmation of disease as a criteria for acceptable evidence of immunity for measles, mumps, and rubella; physician diagnosis was removed as acceptable evidence of immunity.

- Expansion of MMR vaccine recommendations to include persons 12 months and older with HIV who do not have evidence of current immunosuppression. Additionally, revaccination is now recommended for persons with perinatal HIV infection who were vaccinated before establishment of effective antiretroviral therapy.
- Expansion of the use of immune globulin administered intramuscularly (IGIM) for measles postexposure prophylaxis to infants birth to 6 months of age. Additionally, the dose of IGIM for immunocompetent persons requiring measles prophylaxis was increased, and intravenously administered immune globulin is now recommended for severely immunocompromised persons as well as for pregnant women without evidence of measles immunity who are exposed to measles.

Details of the new recommendations can be viewed on the ACIP MMR Recommendations website at <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>.

### **ADDITIONAL IMMUNIZATION – RELATED INFORMATION**

#### **Healthcare Personnel Recommendations and Aerosol Transmissible Diseases Standards**

Many healthcare personnel (HCP) are at risk for exposure to (and possible transmission of) vaccine-preventable diseases because of their contact with patients or the infectious secretions from patients. Both employers and HCP have a shared responsibility to prevent occupationally acquired infections and avoid causing harm to patients by taking reasonable precautions to prevent transmission of vaccine-preventable diseases. Vaccination programs are, therefore, an essential part of infection prevention and control for HCP.

The State of California Aerosol Transmissible Diseases (ATD) Standard requires that all healthcare facilities (hospitals, skilled nursing facilities, clinics, etc.) screen their employees for immunity to diseases such as measles, mumps, rubella and varicella. Evidence of immunity can be established through either vaccination history or serology, but physician diagnosis is not acceptable. Non-immune employees must be offered the vaccines recommended to protect them from the diseases listed above. Additionally, HCP should be assessed for a one time Tdap vaccination to prevent pertussis and for annual influenza vaccinations. Details and resources regarding the ATD Standards are located at <http://www.cdph.ca.gov/programs/ohb/Pages/ATDStd.aspx>.

Vaccine recommendations for HCPs as well as screening requirements can be found on the CDC website at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm>.

#### **Reporting Requirements**

Timely reporting of vaccine-preventable diseases plays a vital role in preventing disease outbreaks and protecting the public. Failure to report such cases can cause a delay in investigating cases and may lead to secondary transmission of the disease. Therefore, providers are reminded to report all suspect cases to the Los Angeles County Communicable Disease Reporting Unit by calling: 1-888-397-3993, or faxing the report to: 1-888-397-3778 within the required time frame. It is not necessary to wait for a positive lab result before reporting a suspect case. Below is a list of important resources to assist you in diagnosing and reporting vaccine-preventable diseases:

- List of Reportable Diseases
- <http://publichealth.lacounty.gov/acd/reports/DiseaseList2011.pdf>
- Confidential Morbidity Form <http://publichealth.lacounty.gov/acd/reports/CMR-H-794.pdf>
- Vaccine-Preventable Diseases  
<http://publichealth.lacounty.gov/ip/DiseaseSpecific/index.htm>

For more information on reporting requirements for vaccine-preventable diseases, please contact the County of Los Angeles Department of Public Health Immunization Program by calling (213) 351-7800.

### **Vaccine Error Reporting Program**

In December 2012 the Institute for Safe Medication Practices (ISMP) launched the Vaccine Error Reporting Program (VERP) to collect reports of vaccine errors. VERP is an online website developed to capture the unique causes and consequences of vaccine-related errors. By collecting and quantifying information about these errors, ISMP will be better able to advocate for changes in vaccine names, labeling or other appropriate modifications that could reduce the likelihood of vaccine errors in the future.

The reporting system allows for collection of detailed information about a vaccine-related error, including;

- A description of what went wrong;
- Identification of any known causes or contributing factors
- How the event was discovered or intercepted; and
- Outcome for the patient(s) involved

The system also requests that users share their recommendations for prevention of similar errors. VERP should not be confused with the Vaccine Adverse Event Reporting System (VAERS). VAERS should be used to report adverse events that occur following the administration of a vaccine to a patient. VAERS reports should be submitted regardless of whether or not the reporter believes the adverse event was vaccine-related.

More information on VERP can be found on the ISMP website at <http://verp.ismp.org/>.

### **Menveo Licensed for Children Aged 2 through 23 Months**

In August 2013, the Food and Drug Administration (FDA) approved the use of Menveo in children 2 through 23 months of age for active immunization to prevent invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y and W-135. Formerly, this vaccine was only licensed for use in children down to age 2 years. Final recommendations for use of Menveo in this age group have not been approved by ACIP. Therefore, providers are encouraged to continue to use Menveo in accordance with current ACIP recommendations. More information on the licensure change can be found on the FDA website at

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm363785.htm>.

### **New Vaccine Information Statements**

The following Vaccine Information Statements (VIS) have been updated and can be downloaded for use: PCV13 (2/27/13), Tdap (5/9/13), HPV - Gardasil (5/17/13), and Influenza – Live and Inactivated (07/26/13). As a reminder, the most current version of the VIS should be given to the parent/patient/guardian prior to administering vaccine. Current versions in various languages can be downloaded from the Immunization Action Coalition website at <http://www.immunize.org/vis/>.

Please forward this update to the appropriate staff in your organization. If you have any questions or concerns, contact our main office at (213) 351-7800 or visit our website at [www.publichealth.lacounty.gov/ip](http://www.publichealth.lacounty.gov/ip).

Sincerely,



A Nelson El Amin, M.D., M.P.H.  
Medical Director